

33

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## UNITED STATES DISTRICT COURT

for the

District of

Division

Madalyn M. Soulliere  
 Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Norma Herr Shelter  
 Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Ca Case: 2:23-cv-10596  
 Judge: Leitman, Matthew F.  
 MJ: Grand, David R.  
 Filed: 03-14-2023 At 01:31 PM  
 CMP MADALYN SOULLIERE V NORMA HERR SHELTER (SS)

Jury Trial: (check one) ☐ Yes ☐ No

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address

Madalyn M. Soulliere  
~~Norma Herr Shelter~~  
2721 Payne Ave  
Ann Arbor, MI 48106  
(734) 479-0020

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

215 S. Main Street  
Mount Clemens, MI 48043

(216) 450-0655

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## Defendant No. 1

Name  
 Job or Title *(if known)*  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address *(if known)*

Norma Herr Women's Center  
 Women's Center  
 777 Princeville  
 Cleveland, Ohio  
 OH 44114  
 (216) 479-0020

## Defendant No. 2

Name  
 Job or Title *(if known)*  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address *(if known)*

## Defendant No. 3

Name  
 Job or Title *(if known)*  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address *(if known)*

## Defendant No. 4

Name  
 Job or Title *(if known)*  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address *(if known)*

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Madeline S. Hallise, is a citizen of the State of (name) Michigan.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_ and has its principal place of business in the State of (name) \_\_\_\_\_.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_. Or is a citizen of (foreign nation) \_\_\_\_\_.

Pro 1 (Rev. 12/16) Complaint for a Civil Case

b. If the defendant is a corporation

The defendant, (name) Nor Malters Inc's Center 12, is incorporated under the laws of the State of (name) OHIO, and has its principal place of business in the State of (name) OHIO.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

Harassment that led to being thrown out, Sexually Assaulted, Sexually harassed, Uber Eats Credit of \$35- Food Service Card \$50 then \$75 \$250 OTC products, Stolen and broken items such as Laptop, Adulted bag

### III Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

### IV Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Police reports prove it's still going on  
OF Housing Food \$1980-  
Sexually Assaulted \$80-1 Hospital Bill + Police + Rape Crisis Center Hayley + Victims Rights Fee \$6,820  
Sexually harassed \$? from line  
Uber Eats Stolen \$35 Food Credit \$4.72 Uber Eats OTC Benefits from Stolen \$814.72  
Insurance Card \$4- Laptop \$360-  
Emotional Distress \$50,000

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Court costs? Lawyer fees \$50,000 hours working on paperwork  
 \$100 Travel to and from court? (Liber)  
 Punitive \$250,000 (Extreme 17 false reports in one month)  
 total \$ 361,688.72

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

3/6/23

Signature of Plaintiff

Madelyn M. Sullivan

Printed Name of Plaintiff

Madelyn M. Sullivan

**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

## Statement of Claim

pg 1

May 2, 2022 I showed up to Norma Herr Women's Center in Cleveland, Ohio. I had never been to Cleveland before and only knew the FBI office was close and it was close to the Greyhound bus Station. I showed up around 5:30 pm and took an Uber to the shelter. I made it very well understood that I was running for my life as I had been on a ventilator for 8 days and my life was in imminent danger. I had all my documents except my birth certificate and let them know I could pay for it on my own. A couple days later I had a screening intake where I let a gentleman know that I wouldn't be in Cleveland long that I was running for my life. He let me know that I could contact him and he would get me a greyhound ticket to continue to run. At that time I was told I Michigan that I was HIV negative. Being an organ donor I have to keep my medical up.

I woke up May 3, 2022 and my phone was gone. I had to stop everything I was doing and make a police report. I asked staff to call my phone and I still couldn't hear it. Staff called me a cab but the cab took me to the hospital and not to Metro PCS so I could get a phone. That cost me an extra \$20 and 2 hours of my time. I finally got to the store and spent \$150 on a new phone. Not knowing my way around Cleveland I started asking people how to get to the FBI office on lakeside. I went to the office and talked to some woman whom I am suspecting is a special agent and let her know I needed to speak to Kerry McCafferty. 2 weeks later and a whole lot of phone calls Lisa contacts me from the FBI's office to schedule an appointment. I make it within 5 blocks of the building and she contacts me to reschedule. I meet up with her and another agent to find out that Kerry lied about our relationship and how we knew each other. I had to explain that no we were not having a sexual relationship but that I met him at the FBI's office in Detroit, Michigan in 2006 and we worked cases together in 2007 and 2016. I showed Lisa some of my work and was trying to explain that I needed help dealing with the police back in Michigan because my life was in imminent danger. She told me I had to go back to Michigan. Haven't spoke to her since.

In the month of May, I made 17 police reports about things getting stolen, I had a person stalk me from Michigan, the staff laughed. The police were there several times because they said over the loud speaker that Julianna Solomon was in person in the lobby. The police came and asked staff if there was a Julianna Solomon staying at the shelter and they would reply no. In the bathroom in the basement girls were screaming at Julianna saying how could you do that to Gary. Now Gary might have HIV. I was told by the girls that Gary, a staff member, drove 126 miles from Cleveland to Detroit and back to go have sex with Julianna. Julianna had already broke into my email and did an application to Target. She also used another email and I found out her credit score was 702 or something like that. I asked Gary if he had ever been to Michigan he said not really I told him he should go some time. I asked Gary if he would help me with my paperwork so I could file cases in Federal Court, he said he would. I asked him to make copies of pictures and paperwork I had and he and the other staff would make copies. I found out that David, a staff member would make a great catch because Julianna was with Gary and David has no car and lives with his mother. I had a CVS gift card that was supposed to be emailed stolen. I had a cup stolen, I had Evian water stolen that came in from Walmart.com. My Walmart account got screwed up and someone changed the name to Rose Later and I can't use the account anymore. I was accused of donating things to the shelter because I must like someone. The only one who should have known about the donations is William who would take the deliveries, sign my name or his and put them in the conference room. William happens to be married for 48 years now and he proudly says it to anyone who asks. My laptop was broken that I just purchased from Target in Cleveland. My ear buds were stolen,



pg 4

After I was told that David lives with his mom and that Gary was with Julianna Solomon, I told Gary I had a crush on him but that I was 14 years older than him. He laughed and told me to tell David. David said what do you want me to do and I said I don't know he told me to tell you. I thought it was over and later that night a supervisor asked me if I told him I had a crush on him I said yes, and again I thought it was over. The next day I had a meeting with two supervisors and told them yes I said it but I'm 14 years older than him and I was pregnant at 14. I told them that he made comment about what I was wearing. He said I can't go around looking trashy but I was wearing a red t-shirt and grey long shorts what did he want me to wear a shirt that showed my bare breasts like the other girls wore. At that point I figured he just needed an ego boost by telling everyone that I had a crush on him so when the director of the shelter approached me I told her I don't want anything more to do with him. I'm tired of him grabbing my duffel bag and searching through my new underwear breaking my laptop. I was told he tattooed my name on his chest so I again called the police to press charges. I never asked him to put my name on his chest and I never gave him permission. So, I was suspended for 5 days for cussing out the director. I stayed outside until I met Eddie who took me home with him and I paid him to stay the night. The next day I did laundry and was going to stay with this guy but I didn't know where I was. I went back by the shelter but across the street. I had an argument with Jenny who was supposed to take me to Cincinnati with her and her husband Bobby. I picked up a 12 pack of Pepsi and almost hit her with it. She used my phone from the time I met her until it went off around June 1. Someone tried to activate Walmart.com and I had to dispute the charges and my card was cancelled. I had a credit for ubereats for \$35 and I had only told Monica about it. Couple of hours later uber gives Monica an order and said that I ordered it for Gary. I told her I didn't. I had no idea. I wasn't there when they delivered it and I don't know why she thought she could keep it and give it to her husband. She should have either given it to me as it had my name on it or given it back to the driver if the driver said it was for anyone who's name isn't on the receipt. I was in the hospital and Norma Herr got three deliveries from Walmart.com from my email but Rose Later's account. My phone was dead and like all Metro phones it wouldn't charge. When I got back to Michigan July 3 I had to get a new charger from Metro. I had to pay cash because my phone wouldn't stay charged to do the greyhound app. My debit card was replacd 34 times in June and was invalidated in July. I had to go back to Ohio in July to get my mail and Social Security check. I was also waiting for my driver's license, which never showed up. David Ward stalked me from Michigan to Cleveland for the weekend on Superior and 12<sup>th</sup> street. I told them to return my mail but last time I called I was told I have mail at the shelter.

Direct Express  
Fraud Services Department  
PO Box 245998  
San Antonio, TX 78224-5998

08/12/2022

>002329 4131927 0001 008235 10Z  
MADALYN M SOULLIERE  
215 MAIN ST  
MT CLEMENS, MI 48043

1-6716808986

Dear MADALYN M SOULLIERE,

The Fraud Services Department has completed the investigation regarding your recent claim dated 07/04/2022 in the amount of \$4.72.

Based on the results of our investigation, we concluded the transaction(s) were unauthorized and have posted a credit to your card for the amount of the claim. The investigation is now complete.

You may check your balance online to verify information posted to your card by visiting <https://www.usdirectexpress.com> or call us at 1-888-741-1115.

We appreciate your business and thank you for this opportunity to serve you.

Sincerely,

Fraud Services Department  
Fraud Investigations Team  
(888) 741-1115





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P.O. Box 245998  
San Antonio, TX 78224



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International: (765) 778-6290 (Collect)

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San Antonio, TX 78224

## Monthly Account Statement

>001900 4424030 0001 8427 10Z

MADALYN M SOULLIERE  
FOR THE BENEFIT RECIPIENTS OF THE ACCOUNT  
215 S MAIN  
MT CLEMENS, MI 48043-2400



Thank You for Being a Direct Express® Card Customer

Date Range: June 2022

### Summary of Fees

Prior Calendar Month	\$0.00
Calendar Year to Date	\$85.05

Starting Balance:	\$0.00
Credits:	\$18.42
Debits:	\$26.69
Ending Balance:	\$8.27

Card Number: 533248XXXXXX0390

Date Posted	Retailer	Transaction Type	Charges	Credits
06/01/2022	For the Benefit Recipients of the Account	DEPOSIT FROM SSI	\$0.00	\$06.00
06/01/2022	CLEVELAND PO-471392, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$32.00	\$0.00
06/01/2022	BP#9529918SUPERI, CLEVELAND, OH, USA	CASH PURCHASE	\$9.01	\$0.00
06/01/2022	CLEVELAND PO-471392, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$12.00	\$0.00
06/02/2022	BP#9529918SUPERIOR QPS, CLEVELAND, OH, USA	CASH PURCHASE	\$16.09	\$0.00
06/03/2022	For the Benefit Recipients of the Account	DEPOSIT FROM SSA	\$0.00	\$55.00
06/03/2022	3510 GAS -661373, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$22.95	\$0.00
06/03/2022	3510 GAS -661373, CLEVELAND, OH, USA	ATM WITHDRAWAL FEE	\$0.85	\$0.00
06/03/2022	SUNOCO 032485070, CLEVELAND, OH, USA	CASH PURCHASE	\$23.49	\$0.00
06/04/2022	WALMART GROCERY, 8009666546, AR, USA	CASH PURCHASE	\$12.95	\$0.00
06/04/2022	BILAL FOOD MART, CLEVELAND, OH, USA	CASH PURCHASE	\$10.50	\$0.00
06/04/2022		CARD REPLACEMENT FEE	\$4.00	\$0.00

Date Posted	Retailer	Transaction Type	Charges	Credits
06/10/2022	WALMART.COM AA, 800-966-6546, AR, USA	CASH PURCHASE	\$20.23	\$0.00
06/10/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$5.51	\$0.00
06/10/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$31.69	\$0.00
06/10/2022	W+SUBSCRIPTIONWALMART., 800-966-6546, AR, USA	CASH PURCHASE	\$12.95	\$0.00
06/10/2022	WALMART.COM AT, 8009666546, AR, USA	CASH PURCHASE	\$29.42	\$0.00
06/10/2022	WALMART.COM AA, 8009666546, AR, USA	CASH PURCHASE	\$29.42	\$0.00
06/10/2022	WALMART.COM AA, 800-966-6546, AR, USA	CASH PURCHASE	\$3.68	\$0.00
06/10/2022	WALMART.COM AY, 800-966-6546, AR, USA	CASH PURCHASE	\$5.00	\$0.00
06/11/2022	CLEVELAND PO-471392, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$22.00	\$0.00
06/11/2022	CLEVELAND PO-471392, CLEVELAND, OH, USA	ATM WITHDRAWAL FEE	\$0.85	\$0.00
06/13/2022	UBER EATS, 8005928996, CA, USA	CASH PURCHASE	\$2.72	\$0.00
06/13/2022	UBER EATS, 8005928996, CA, USA	CASH PURCHASE	\$2.00	\$0.00
06/13/2022		CREDIT ADJUSTMENT	\$0.00	29.42
06/13/2022	SIMPLY FOOD AT R, CLEVELAND, OH, USA	CASH PURCHASE	\$1.39	\$0.00
06/13/2022	SIMPLY FOOD AT R, CLEVELAND, OH, USA	CASH PURCHASE	\$1.39	\$0.00
06/13/2022	1215 SUPERIOR AVE., CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$20.00	\$0.00
06/13/2022	1215 SUPERIOR AVE., CLEVELAND, OH, USA	ATM WITHDRAWAL FEE	\$0.85	\$0.00
06/13/2022	WALMART.COM AA, 800-966-6546, AR, USA	CASH PURCHASE	\$23.20	\$0.00
06/14/2022		CARD REPLACEMENT FEE	\$4.00	\$0.00
06/14/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$9.15	\$0.00
06/15/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$3.86	\$0.00
06/28/2022		CARD REPLACEMENT FEE	\$4.00	\$0.00
06/28/2022		EXPEDITE MAILING FEE	\$13.50	\$0.00



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San Antonio, TX 78224

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International: (765) 778-6290 (Collect)

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San Antonio, TX 78224

**Monthly Account Statement**

>002693 4424030 0001 8427 10Z

MADALYN M SOULLIERE  
FOR THE BENEFIT RECIPIENTS OF THE ACCOUNT  
215 S MAIN  
MT CLEMENS, MI 48043-2400



**Thank You for Being a Direct Express® Card Customer**

Date Range: June 2022

**Summary of Fees**

Prior Calendar Month	\$0.00
Calendar Year to Date	\$85.05

Starting Balance:	\$0.00
Credits:	\$8.42
Debits:	\$26.69
Ending Balance:	\$8.27

**Card Number:** 533248XXXXXX0390

Date Posted	Retailer	Transaction Type	Charges	Credits
06/01/2022	For the Benefit Recipients of the Account	DEPOSIT FROM SSI	\$0.00	\$26.00
06/01/2022	CLEVELAND PO-471392, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$32.00	\$0.00
06/01/2022	BP#9529918SUPERI, CLEVELAND, OH, USA	CASH PURCHASE	\$9.01	\$0.00
06/01/2022	CLEVELAND PO-471392, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$12.00	\$0.00
06/02/2022	BP#9529918SUPERIOR QPS, CLEVELAND, OH, USA	CASH PURCHASE	\$16.09	\$0.00
06/03/2022	For the Benefit Recipients of the Account	DEPOSIT FROM SSA	\$0.00	\$25.00
06/03/2022	3510 GAS -661373, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$22.95	\$0.00
06/03/2022	3510 GAS -661373, CLEVELAND, OH, USA	ATM WITHDRAWAL FEE	\$0.85	\$0.00
06/03/2022	SUNOCO 032485070, CLEVELAND, OH, USA	CASH PURCHASE	\$23.49	\$0.00
06/04/2022	WALMART GROCERY, 8009666546, AR, USA	CASH PURCHASE	\$12.95	\$0.00
06/04/2022	BILAL FOOD MART, CLEVELAND, OH, USA	CASH PURCHASE	\$10.50	\$0.00
06/04/2022		CARD REPLACEMENT FEE	\$4.00	\$0.00

Date Posted	Retailer	Transaction Type	Charges	Credits
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06/10/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$31.69	\$0.00
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06/10/2022	WALMART.COM AT, 8009666546, AR, USA	CASH PURCHASE	\$29.42	\$0.00
06/10/2022	WALMART.COM AA, 8009666546, AR, USA	CASH PURCHASE	\$29.42	\$0.00
06/10/2022	WALMART.COM AA, 800-966-6546, AR, USA	CASH PURCHASE	\$3.68	\$0.00
06/10/2022	WALMART.COM AY, 800-966-6546, AR, USA	CASH PURCHASE	\$5.00	\$0.00
06/11/2022	CLEVELAND PO-471392, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$22.00	\$0.00
06/11/2022	CLEVELAND PO-471392, CLEVELAND, OH, USA	ATM WITHDRAWAL FEE	\$0.85	\$0.00
06/13/2022	UBER EATS, 8005928996, CA, USA	CASH PURCHASE	\$2.72	\$0.00
06/13/2022	UBER EATS, 8005928996, CA, USA	CASH PURCHASE	\$2.00	\$0.00
06/13/2022		CREDIT ADJUSTMENT	\$0.00	29.42
06/13/2022	SIMPLY FOOD AT R, CLEVELAND, OH, USA	CASH PURCHASE	\$1.39	\$0.00
06/13/2022	SIMPLY FOOD AT R, CLEVELAND, OH, USA	CASH PURCHASE	\$1.39	\$0.00
06/13/2022	1215 SUPERIOR AVE., CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$20.00	\$0.00
06/13/2022	1215 SUPERIOR AVE., CLEVELAND, OH, USA	ATM WITHDRAWAL FEE	\$0.85	\$0.00
06/13/2022	WALMART.COM AA, 800-966-6546, AR, USA	CASH PURCHASE	\$23.20	\$0.00
06/14/2022		CARD REPLACEMENT FEE	\$4.00	\$0.00
06/14/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$9.15	\$0.00
06/15/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$3.86	\$0.00
06/28/2022		CARD REPLACEMENT FEE	\$4.00	\$0.00
06/28/2022		EXPEDITE MAILING FEE	\$13.50	\$0.00



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**Monthly Account Statement**

&gt;002700 4424030 0001 8427 10Z

MADALYN M SOULLIERE  
FOR THE BENEFIT RECIPIENTS OF THE ACCOUNT  
215 S MAIN  
MT CLEMENS, MI 48043-2400

**Thank You for Being a Direct Express® Card Customer**

Date Range: July 2022

**Summary of Fees**

Prior Calendar Month	\$47.50
Calendar Year to Date	\$86.75

Starting Balance:	\$8.27
Credits:	\$9.13
Debits:	\$1.63
Ending Balance:	\$0.77

**Card Number:** 533248XXXXXX0390

Date Posted	Retailer	Transaction Type	Charges	Credits
07/01/2022	For the Benefit Recipients of the Account	DEPOSIT FROM SSI	\$0.00	\$6.00
07/01/2022	For the Benefit Recipients of the Account	DEPOSIT FROM SSA	\$0.00	\$5.00
07/01/2022	EFT, Cleveland, OH, USA	ATM CASH WITHDRAWAL	\$23.00	\$0.00
07/01/2022	FAMILY DOLLAR #2, CLEVELAND, OH, USA	CASH PURCHASE	\$2.16	\$0.00
07/01/2022	FAMILY DOLLAR #2, CLEVELAND, OH, USA	CASH PURCHASE	\$18.51	\$0.00
07/01/2022	GREYHOUNDCLV-K137546, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$23.50	\$0.00
07/01/2022	UBER RTD, 8005928996, CA, USA	CASH PURCHASE	\$2.50	\$0.00
07/02/2022	GREYHOUNDCLV-K137546, CLEVELAND, OH, USA	ATM CASH WITHDRAWAL	\$43.50	\$0.00
07/02/2022	GREYHOUNDCLV-K137546, CLEVELAND, OH, USA	ATM WITHDRAWAL FEE	\$0.85	\$0.00
07/02/2022	GREYHOUND LINES CNP, 214-849-8966, TX, USA	CASH PURCHASE	\$69.99	\$0.00
07/02/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$9.15	\$0.00
07/02/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$9.13	\$0.00



Direct Express® Debit Card Program  
P.O. Box 245998  
San Antonio, TX 78224

Comerica Bank

MEMBER FDIC

### To contact us

Customer Service: (888) 741-1111

Hearing impaired: (866) 569-0447  
International: (765) 778-6290 (Collect)

Visit our web site  
[www.USDirectExpress.com](http://www.USDirectExpress.com)

Write to us  
Direct Express® Card Services  
P.O. Box 245998  
San Antonio, TX 78224

## Monthly Account Statement

>002707 4424030 0001 8427 10Z

MADALYN M SOULLIERE  
FOR THE BENEFIT RECIPIENTS OF THE ACCOUNT  
215 S MAIN  
MT CLEMENS, MI 48043-2400



Thank You for Being a Direct Express® Card Customer

Date Range: August 2022

### Summary of Fees

Prior Calendar Month	\$1.70
Calendar Year to Date	\$104.25

Starting Balance:	\$0.77
Credits:	\$0.14
Debits:	\$4.92
Ending Balance:	\$4.45

Card Number: 533248XXXXXX1884

Date Posted	Retailer	Transaction Type	Charges	Credits
08/01/2022	For the Benefit Recipients of the Account	DEPOSIT FROM SSI	\$0.00	\$6.00
08/09/2022		CARD REPLACEMENT FEE	\$4.00	\$0.00
08/09/2022		EXPEDITE MAILING FEE	\$13.50	\$0.00
08/12/2022		CREDIT ADJUSTMENT	\$0.00	\$4.72
08/17/2022	GREYHOUND LINES CNP, 214-849-8966, TX, USA	CASH PURCHASE	\$31.99	\$0.00
08/17/2022	GREYHOUND LINES CNP, 214-849-8966, TX, USA	CASH PURCHASE	\$42.99	\$0.00
08/19/2022	VALUE FRESH MARKETPLAC, WARREN, MI, USA	CASH PURCHASE	\$14.68	\$0.00
08/19/2022	T AND T FOOD-A900358, WARREN, MI, USA	ATM CASH WITHDRAWAL	\$42.75	\$0.00
08/20/2022	PARALYZED VETS OF AMER, 2028721300, DC, USA	CASH PURCHASE	\$19.00	\$0.00
08/20/2022	ARBYS #5903 WARREN, WARREN, MI, USA	CASH PURCHASE	\$23.29	\$0.00
08/21/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$11.98	\$0.00
08/22/2022	WAL-MART #2959, ROSEVILLE, MI, USA	CASH PURCHASE	\$1.31	\$0.00





Direct Express® Debit Card Program  
P.O. Box 245998  
San Antonio, TX 78224



MEMBER FDIC

**To contact us****Customer Service: (888) 741-1111**

Hearing impaired: (866) 569-0447  
International: (765) 778-6290 (Collect)

**Visit our web site**  
[www.USDirectExpress.com](http://www.USDirectExpress.com)

**Write to us**  
Direct Express® Card Services  
P.O. Box 245998  
San Antonio, TX 78224

**Monthly Account Statement**

>001092 4424030 0001 8427 10Z  
MADALYN M SOULLIERE  
FOR THE BENEFIT RECIPIENTS OF THE ACCOUNT  
215 S MAIN  
MT CLEMENS, MI 48043-2400

**Thank You for Being a Direct Express® Card Customer**

Date Range: September 2022

Summary of Fees	
Prior Calendar Month	\$17.50
Calendar Year to Date	\$105.95

Starting Balance:	\$4.45
Credits:	\$5.00
Debits:	\$9.45
Ending Balance:	\$0.00

**Card Number: 533248XXXXXX1884**

Date Posted	Retailer	Transaction Type	Charges	Credits
09/02/2022	For the Benefit Recipients of the Account	DEPOSIT FROM SSA	\$0.00	\$5.00
09/02/2022	USA	REVERSAL DEBIT	\$29.42	\$0.00
09/03/2022	LN*MICHIGAN DMV KIOSK, LANSING, MI, USA	CASH PURCHASE	\$13.25	\$0.00
09/03/2022	UBER TRIP, 8005928996, CA, USA	CASH PURCHASE	\$10.93	\$0.00
09/03/2022	Value Fresh Marketplac, WARREN, MI, USA	ATM CASH WITHDRAWAL	\$203.00	\$0.00
09/03/2022	Value Fresh Marketplac, WARREN, MI, USA	ATM CASH WITHDRAWAL	\$203.00	\$0.00
09/03/2022	Value Fresh Marketplac, WARREN, MI, USA	ATM WITHDRAWAL FEE	\$0.85	\$0.00
09/03/2022	Value Fresh Marketplac, WARREN, MI, USA	ATM CASH WITHDRAWAL	\$83.00	\$0.00
09/03/2022	Value Fresh Marketplac, WARREN, MI, USA	ATM WITHDRAWAL FEE	\$0.85	\$0.00
09/03/2022	METROPCS MOBILE, 888-863-8768, WA, USA	CASH PURCHASE	\$30.00	\$0.00
09/04/2022	VALUE FRESH MARKETPLAC, WARREN, MI, USA	CASH PURCHASE	\$5.16	\$0.00
09/04/2022	BOOKSIRIS.COM, 877-6010763, FL, USA	CASH PURCHASE	\$89.99	\$0.00

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action

## UNITED STATES DISTRICT COURT

for the

Madelyn M Soulliere  
Plaintiff

v.

Civil Action No.

Norma Herr  
Defendant

**SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS  
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION**

To:

Norma Herr  
(Name of person to whom this subpoena is directed)

☒ **Production:** YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: Entire File of Madelyn M Soulliere including Intake Computer work, and write ups plus all complaints Any and ALL Video From May 2, 2022 - Sep 2022 including Madelyn Soulliere

Place:

Date and Time:

☐ **Inspection of Premises:** YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: \_\_\_\_\_

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk

Attorney's signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party) Plaintiff, who issues or requests this subpoena, are:

Madelyn M. Soulliere 215 S. Main St Mt. Clemens, MI 48043 (313) 472-0655  
dsoulliere707@gmail.com

**Notice to the person who issues or requests this subpoena**

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

←	<b>EFT</b> 07/02/2022	-\$23.00
←	<b>GREYHOUND LINE...</b> 07/01/2022	-\$69.99
←	<b>BP#9529918SUPERI...</b> 07/01/2022	-\$8.25
←	<b>UBER * PENDING</b> 07/01/2022	-\$2.50
→	<b>Deposit</b> 07/01/2022	\$655.00
→	<b>Deposit</b> 07/01/2022	\$206.00

NATA 0043

## GREYHOUND LINES, INC.

## RECEIPT &amp; ITINERARY

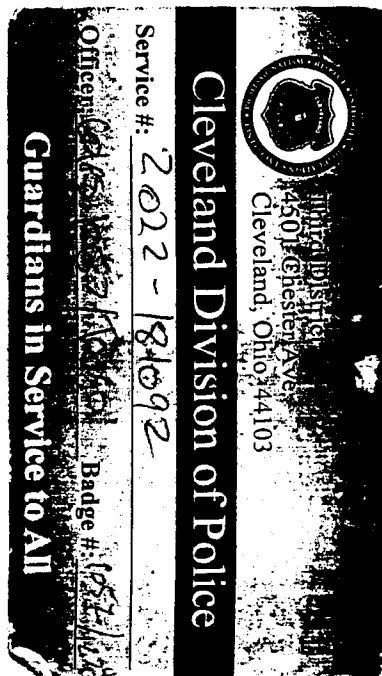
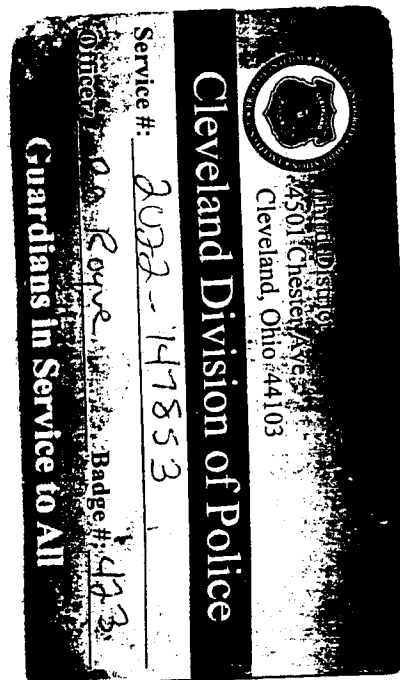
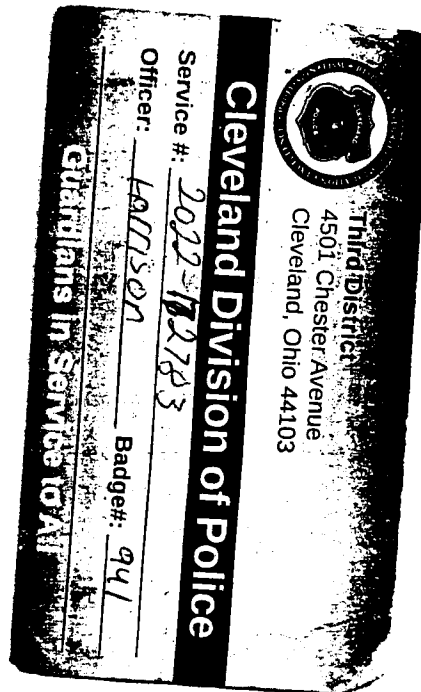
\*\* NOT GOOD FOR TRAVEL \*\*

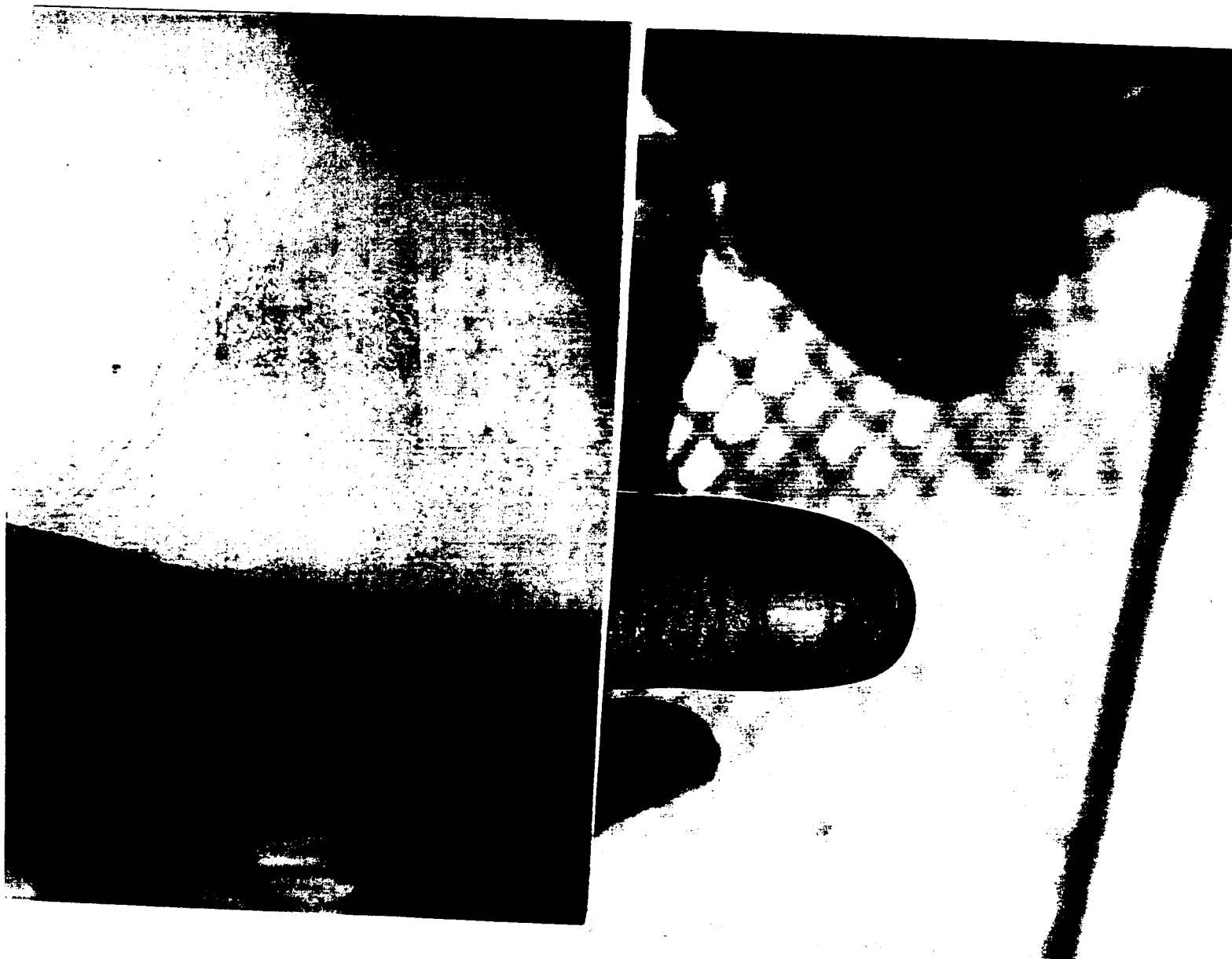
FROM: DETROIT MI		DEPART: Mon 22Aug22		CONF#: 3486667901	
TO: CLEVELAND OH		SOULLIERE M0DL YN		ONE WAY/ADULT	
*** CITY ***	ARRIVAL	LAYOVER	DEPARTURE	SCHEDULE	
DETROIT MI	02:05p 22Aug22	1:00	01:05p 22Aug22	BSB 0032	
TOLEDO (E) OH	04:55p 22Aug22		03:05p 22Aug22	BSB 0026	
CLEVELAND OH				BSB 0026	

FARE PAID: \$24.00  
 STATE TAX XX  
 HST TAX: XX  
 FEE: \$2.99 \$5.00  
 EXCESS BAG: \$0.00  
 EXCESS VHL: \$0.00

MASTERCARD  
 GT/GN  
 ROAD REWARD  
 001 00 29 86771387 6

02406 DETROIT MI  
 22Aug22 10:00a 3790  
 DETT005  
 \*\* VOID IF DETACHED \*\*







CITIZEN NUMBER:  
WEBSITE:  
IP ADDRESS:

Information  
An email was used in this incident, please  
provide a copy of the entire email including full  
email headers.

License provided  
Are there any other witnesses or victims to this  
incident?

med Thomas  
If you have reported this incident to other law  
enforcement or government agencies, please  
provide the name, phone number, email, date  
reported, report number, etc.

Cleveland Ohio police department  
Check here if this is an update to a previously  
filed complaint: ☐


Who Filed the Complaint  
When you the victim in the incident described above? Yes  
Business Name:  
Phone Number:  
Email Address:

Digital Signature

By digitally signing this document, I affirm...


W+

Hi, Rose

Purchase history

>

Track your order status, start a return, or view purchase history and receipts.

Wallet

>

Manage your payment methods, learn about our rewards card and access your Walmart or Sam's Club digital COVID-19 vaccine record.

Manage account





SOS Home | Mi.gov | FAQs | Contact Us

Michigan  
Dept. of State





...esvc.sos.state.mi.us



## Driver's License Duplicate

\$9.00

< **MADALYN MARIE SOULLIERE**

## Confirmation

Thank you for processing an Address Change online with the Michigan Secretary of State. Your confirmation number is 0-027-416-627. Once your Address Change is processed, you will receive your address change sticker or new card (if applicable) at the address on record.

## Status



Processed

Submitted 21-Jul-2022 08:46:56

Processed 21-Jul-2022 08:46:56

## Payment

Amount:

\$9.00

Convenience Fee:

\$0.13



ViewFile.pdf

**Michigan Temporary Operator's License**

Driver's License Number: S-488 571 385 280      Date of Birth: 04-02-1973  
 Driver's License Type: Operator      Sex: Male  
 Expiration Date: 09-19-2022      Eye Color: Brown  
 Restrictions: CO - Corrective Lens      Height: 5'07"  
 MADAM MARIE SOULIERE  
 11406 COWLE ST  
 DETROIT MI 48221-2460

I certify the above information is true and correct. I do not have any physical or mental disability which affects my ability to operate a motor vehicle safely nor have I experienced any loss or impairment of consciousness in the past six months (calendar 12 months). I understand my signature may be retained and used by programs administered by the Department of State.

NOTE: IT IS A CRIME TO MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT WHEN APPLYING FOR A DRIVER'S LICENSE.

07-21-2022 440 CEMHNTK1N 9.00

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**Information Regarding Your Michigan Temporary Operator's License**

If you have questions or if you do not receive your license within 45 days of your application, please visit [Michigan.gov/SOS](https://Michigan.gov/SOS).

-----



## Address Change



Confirmation Inbox



Noreply-CARS... 4 days ago  
to me ▾



Thank you for processing an Address Change online with the Michigan Secretary of State. Your confirmation number is 0-027-416-627. Once your Address Change is processed, you will receive your address change sticker or new card (if applicable) at the address on record.

SOCIAL SECURITY ADMINISTRATION

Date: February 17, 2023  
BNC#: 23BC736G19439  
REF: A ,DI

MADALYN M SOULLIERE  
215 S MAIN  
MT CLEMENS MI 48043-2400

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2022, the full monthly  
Social Security benefit before any deductions is.....\$ 712.40

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 712.00  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Supplemental Security Income Payments

Beginning January 2023, the current  
Supplemental Security Income payment is.....\$ 222.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is April 2, 1973.

Medicare Information

You are entitled to hospital insurance under Medicare beginning June 2000.

You are entitled to medical insurance under Medicare beginning June 2000.



Your Medicare number is 2PT6-PJ4-XU68. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

#### Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

#### Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

#### SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

#### IF YOU HAVE QUESTIONS

Need more help?

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 866-303-3189.

SOCIAL SECURITY  
26200 21 MILE ROAD  
CHESTERFIELD, MI 48051

How are we doing? Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

OFFICE MANAGER

MACOMB COUNTY MT CLEMENS DISTRICT  
STE B  
44777 N GRATIOT AVE  
CLINTON TOWNSHIP MI 48036

Case Name: Madalyn Soulliere  
Case Number: 103228583  
Date: 01/07/2023  
MDHHS Office: MACOMB COUNTY MT CLEMENS DISTRICT  
Specialist: A. Brohl  
Phone: (844) 464-8447  
Fax: (517) 346-9888  
Specialist ID: brohja

Page 1 of 1

**STATE OF MICHIGAN**  
**Department of Health and Human Services**

If you do not understand this, call an MDHHS office in your area.  
MDHHS employees are prohibited by law from providing legal advice.  
Si usted no entiende esto, llame a una oficina de MDHHS en su área.  
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.  
إذا والجهت صعوبة في فهم هذا الطلب، فلتصل بمكتب MDHHS الموجود في منطقتك.  
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

MADALYN M SOULLIERE  
215 S MAIN ST  
MOUNT CLEMENS MI 48043

**STATE SUPPLEMENT PAYMENT NOTICE**

The Michigan Department of Human Services supplements SSI recipients in Independent Living and Household of Another living arrangements.

The supplement is \$ 14.00 a month for your living arrangement. Independent Living

The State Supplement payment is paid quarterly. State Supplement payments are issued according to last digit of your individual ID number which is: 69361604 . If your SSI is deposited electronically, your State Supplement payment may be electronically deposited into the same account. You should receive your payment no later than the following dates:

March	June	September	December
10	12	13	12

If your State Supplement payment is lost, stolen, not received or destroyed, contact your specialist at the local Department of Human Services (DHS) office to have it replaced. You must wait four (4) mail days after the payment date given above before you may request a replacement for the lost or not received payment. A stolen payment must be reported immediately. You may contact your specialist at the office listed above.

The State is authorized to reverse the payment should you receive it in error. If you have questions, please contact the Social Security Administration. To obtain information about having your SSI direct deposited, contact the Social Security Administration at 1-800-333-1795, visit [www.socialsecurity.gov](http://www.socialsecurity.gov) or contact your local bank or credit union.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



iStorage - Eastpointe - 14907 E 8 Mile R  
 14907 E 8 Mile Rd  
 Eastpointe MI 48021-2821  
 (586) 257-2152

**LATE NOTICE**

<b>Notice Date:</b>	Feb 08, 2023
<b>Unpaid Balance:</b>	\$51.00
<b>Fees:</b>	\$20.00
<b>Credits:</b>	\$0.00
<b>Total Amount Due:</b>	\$71.00

**DUE UPON RECEIPT**

4.1.1076 1 MB 0.528 04169S21.p01 707232 1-1

|||||  
 MADALYN SOULLIERE  
 215 S MAIN ST  
 MOUNT CLEMENS MI 48043-2400

-----  
 DETACH UPPER PORTION AND RETURN IT WITH YOUR PAYMENT

This letter is to inform you that we have not received payment for your rental. According to the terms of your Rental Agreement, a late fee may have been assessed. In addition, your unit may be overlocked and you may no longer have unattended access to your rental unit until the outstanding balance is paid.

Please remit your rental unit payment in full immediately to avoid additional charges and/or a self-storage owner's lien being imposed against your property, pursuant to your Rental Agreement.

Please contact the facility manager at (586) 257-2152 immediately to arrange for payment to be made or to inquire about your rental account status.

**ACCOUNT INFORMATION**

Unit Number: 2163D  
 Monthly Rent Rate: \$39.00  
 Paid Thru Date: Feb 02, 2023

<b>Notice Date:</b>	Feb 08, 2023
<b>Unpaid Balance:</b>	\$51.00
<b>Fees:</b>	\$20.00
<b>Credits:</b>	\$0.00
<b>Total Amount Due:</b>	\$71.00

**DUE UPON RECEIPT**

Thank you for renting from iStorage - Eastpointe - 14907 E 8 Mile Rd

iStorage - Eastpointe - 14907 E 8 Mile Rd  
 14907 E 8 Mile Rd  
 Eastpointe, MI 48021-2821  
 (586) 257-2152

**Payment Receipt**

**Transaction Date:** Feb 08, 2023  
**Transaction Number:** 1087685546  
**Account Name:** Soulliere, Madalyn  
**Account Number:** 100742047  
**Agent:** D Darde

Soulliere, Madalyn  
 215 S Main St

Mount Clemens , MI 48043

Charge Date	Item Description	Amount
Feb 03, 2023	Unit 2163D Rent: (Feb 3, 2023 thru Mar 2, 2023)	\$39.00
Feb 03, 2023	Insurance/PPP 2,000 coverage: (Feb 3, 2023 thru Mar 2, 2023)	\$12.00
Feb 08, 2023	Fee: iS-MI Late Fee	\$20.00

**Charges Summary:**  
**Charges:** \$71.00  
**Tax:** \$.00  
**Total Charges:** \$71.00

**Payment Summary:**  
**Total Tendered:** \$71.00  
**Change:** \$.00

Payment Method	Reference	Amount
Customer Signature	xxxxx2951	\$71.00



AllPaid  
7820 Innovation Boulevard Suite 250  
Indianapolis, IN 46278  
24hr. Customer Service #: 888-604-7888

### Judicial Aide Payments Payment Confirmation (Ref #: 37289587)

PLC: Macomb County 16th Judicial Circuit Court Date: 01/05/2023 09:06 EST  
1442 40 N. Main Street  
6th Floor  
Mt Clemens, Michigan 48043  
For: Judicial Aide Payments

#### TRANSACTION INFORMATION

Defendant Name:	Madalyn Marie Soulliere	Transaction Reference #:	37289587
Date Of Birth:	04/02/1973	Transaction Date/Time:	01/05/2023 09:06 EST
Circuit Court Case #:	2017-001346-fc		

#### BILLING INFORMATION

Name:	Madalyn M Soulliere
Address:	215 South Main Street
City, State Zip:	Mount Clemens, Mi 48043
Phone #:	(216)450-0655
Card #:	xxxx-xxxx-xxxx-6047

#### PAYMENT INFORMATION

Approval #:	FSF 72
Payment Amount:	\$5.00
Service Fee:	\$2.75
Total Amount:	\$5.75

The service fee is not refundable.

#### ATTENTION CARDHOLDER

If you have questions about the processing of your payment, please call AllPaid at 888-604-7888.

Thank you for using AllPaid

Date: 01/05/23

Case: 2017-001346-FC

Judge: BIERNAT

From: 16TH JUDICIAL CIRCUIT COURT  
MOUNT CLEMENS, MI 48043

DEFENDANT: SOULLIERE, MADALYN MARIE

to: SOULLIERE, MADALYN MARIE  
215 SOUTH MAIN STREET  
  
MOUNT CLEMENS, MI 48043

Case: 2017-001346-FC

Party Name: SOULLIERE, MADALYN MARIE

Date	Item	Docket Amount	Amount Due
7/07/2017	CVRS-FELONY \$130.00 Receipt: 1071432 Date: 11/22	130.00	0.00
7/07/2017	STATE MINIMUM COSTS ASSESSED Receipt: 1282203 Da	68.00	0.00
7/07/2017	ADDITIONAL COURT COSTS Receipt: 1349555 Date: 09	360.00	260.00
7/07/2017	DNA FEE	60.00	60.00
7/07/2017	VICTIM RESTITUTION OWED: (V64534 AC:01) Receipt	1,092.00	0.00
7/07/2017	JA-DEFENSE ATTORNEY FEE	1,050.00	436.00
	Attorney: STEINBERG, MICHA		
9/12/2017	20% LATE FEE ASSESSED NOTICE PROCESSED CC	333.60	333.60
4/16/2018	10% CASH BOND FURN BY DEFT Receipt: 1100976 Date	200.00	0.00
4/18/2018	JA-DEFENSE ATTORNEY FEE	125.00	125.00
	Attorney: HOM, KATHERINE (		
5/30/2018	% BOND OWED TO COURT Receipt: 1108967 Date: 05/3	20.00	0.00
0/17/2019	GARNISHMENT - ELECTRONIC FILING FEE	5.00	5.00
0/15/2020	GARNISHMENT - ELECTRONIC FILING FEE	5.00	5.00
0/14/2021	GARNISHMENT - ELECTRONIC FILING FEE	5.00	5.00
0/13/2022	GARNISHMENT - ELECTRONIC FILING FEE	5.00	5.00
	Balance:		1,234.60

Comments:



# CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

PLAINTIFFS  
Madalyn Soulliere  
Mason

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

**(c) Attorneys (Firm Name, Address, and Telephone Number)**

In prose

## DEFENDANTS

Norma Herr

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

## II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question  
(U.S. Government Not a Party)
- ☒ 4 Diversity  
(Indicate Citizenship of Parties in Item III)

### III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                                   | DEF                                   |  | PTF                        | DEF                                   |
|---|---------------------------------------|---------------------------------------|--|----------------------------|---------------------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1            | Incorporated <i>or</i> Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4            |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input checked="" type="checkbox"/> 2 | Incorporated <i>and</i> Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3            | Foreign Nation   | <input type="checkbox"/> 6 | <input type="checkbox"/> 6            |

**IV. NATURE OF SUIT** *(Place an "X" in One Box Only)*

<b>CONTRACT</b>	<b>TORTS</b>		<b>FORFEITURE/PENALTY</b>	<b>BANKRUPTCY</b>	<b>OTHER S UITS</b>
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input checked="" type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other  <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act  <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157  <b>INTELLECTUAL PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016  <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSD Title XVI <input type="checkbox"/> 865 RSI (405(g))  <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam 28 USC 3729(a)  <input type="checkbox"/> 400 State Realignmentment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeering Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC § 81 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act  <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities Commodities/ Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agriculture Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act  <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision  <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input checked="" type="checkbox"/> 445 Amer. w/Disabilities - Employment <input checked="" type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

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## V, ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding    ☐ 2 Removed from State Court    ☐ 3 Remanded from Appellate Court    ☐ 4 Reinstated or Reopened    ☐ 5 Transferred from Another District (specify)    ☐ 6 Multidistrict Litigation - Transfer    ☐ 8 Multidistrict Litigation - District File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (*Do not cite jurisdictional statutes unless diversity*):

**Brief description of cause:**

~~Hand's report of final work on report~~ report

**VII. REQUESTED IN COMPLAINT:**

- ☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ 100,000.00 CHECK YES only if demanded in complaint: ☐ Yes ☒ No

**VIII. RELATED CASE(S)  
IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE \_\_\_\_\_

SIGNATURE OF ATTORNEY OF RECORD

**FOR OFFICE USE ONLY**

RECEIPT #	AMOUNT	APPLYING IFP	JUDGE	MAG. JUDGE
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